

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90294 005 \*\*\*\*61.25

**DOCUMENT # N03067**

1. Entity Name

**TURNPIKE COMMERCIAL PLAZA, PHASE II, CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**% WAYNE HORWITZ, CPA**  
**3511 W. COMMERCIAL BLVD., SUITE 402**  
**FORT LAUDERDALE FL 33309**

**% WAYNE HORWITZ, CPA**  
**3511 W. COMMERCIAL BLVD., SUITE 402**  
**FORT LAUDERDALE FL 33309**

041492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1791 Blount Road**

3. Mailing Address

Suite, Apt. #, etc.

**Bay 812**

Suite, Apt. #, etc.

City & State

**Pompano Beach, Florida**

City & State

4. FEI Number

**59-2515088**

Applied For

Not Applicable

Zip

**33069**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORWITZ, WAYNE CPA**  
**3511 W. COMMERCIAL BLVD.**  
**SUITE #402**  
**FORT LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOBIONDO, SAL</b> <b>1791 BLOUNT RD. #704</b> <b>POMPAÑO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BENEDETTO, CANGIALOSI</b> <b>1791 BLOUNT ROAD # 705</b> <b>POMPAÑO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MUCCIACCIARO, DOMINIC</b> <b>1791 BLOUNT ROAD #</b> <b>POMPAÑO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARBANAS, TONY</b> <b>1791 BLOUNT ROAD #1002</b> <b>POMPAÑO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SALVO, PAUL</b> <b>1791 BLOUNT ROAD #914</b> <b>POMPAÑO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

4-18-02 954-979-5459

CR2E037 (9/01)